

COMPLETING THE COMPLAINT FORM

PLEASE READ CAREFULLY. We are best able to assist you with your complaint if you do the following:

1. Answer all questions in their entirety, giving full name, titles, addresses and phone numbers. A summary of the facts surrounding the complaint and a statement of the desired resolution is necessary. **Your signature is required for the Bureau to process your complaint.**
2. **Attach copies of any letters, documents, contracts or receipts pertinent to your complaint. (PLEASE DO NOT SEND ORIGINALS).** Mail or fax your complaint to the address indicated on the complaint form.
3. Because of the complexity of some complaints, delays in processing do occur. We will make every effort to respond expeditiously to your complaint.
4. This office will thoroughly investigate your complaint if it is within our jurisdiction and make every effort to bring about a satisfactory resolution.

Virginia Bureau of Financial Institutions 1300 East Main Street, Suite 800 Post Office Box 640 Richmond, VA 23218-0640 (804) 371-9657 (804) 371-9416 (Fax) www.scc.virginia.gov	FOR OFFICE USE ONLY:	
	Complaint No.	Date Received
	Name of Analyst	Date Withdrawn
	Has this complaint been referred to the attention of: <input type="checkbox"/> Attorney General <input type="checkbox"/> Other	Date Resolved
1. Read the Instructions for Filing a Consumer Complaint before filling out this form. 2. PRINT OR TYPE all information in INK only. Return the completed form to the Bureau of Financial Institutions at the address shown above. Keep a copy for your records.	Type of Institution: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Other _____	
Our authority is limited to those companies or institutions that are chartered, licensed, or supervised by the Bureau of Financial Institutions.		
Name of Company		Today's Date
Company Address	City, State, Zip Code	
Name of person(s) you dealt with		Telephone No. () -
Your Full Name		Daytime Telephone No. () -
Your Address	City, State, Zip Code	
Is your complaint currently the subject of pending litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you consulted legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Account/Loan No.
Type of complaint: <input type="checkbox"/> Checking/Draft Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Trust Account <input type="checkbox"/> Consumer Loan <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Interest Rate <input type="checkbox"/> Other		
Details of complaint (use continuation sheet if additional space is needed)		
I authorize the Bureau of Financial Institutions to send a copy of this complaint, together with supporting documents, to the company against which the complaint is filed. Your signature is required for the Bureau to process your complaint.		
Signature of complainant		Date signed
Print or type name		